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PTO/SB/97 (08-00)

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Application Number: 09/724,703

Filing Date: 11/28/2000

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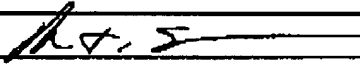
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PTO/SB/21 (08-03)

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	09/724,703
		Filing Date	11/28/2000
		First Named Inventor	Pradyumna K. Misra
		Group Art Unit	2193
		Examiner Name	WILLIAM H WOOD
Total Number of Pages in This Submission	40	Attorney Docket Number	MS1-197USC1
ENCLOSURES (check all that apply)			
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	
		<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):	
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual Name	Allan T. Sponseller/Reg. No. 38318		
Signature			
Date	October 25, 2005		

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SEP 16 2005 13:09 FR 00 15093238979 TO 15712738300 P.01/37

Application Number: 03/724,703
 Filing Date: 11/28/2000

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1. Fee Transmitted
 2. Response to Final Office Action Dated 06/16/2005

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PAGE 027/057 AT 10/25/2005 11:15:15 (USPTO) (USPTO) (USPTO) (USPTO) (USPTO) (USPTO) (USPTO) (USPTO) (USPTO) (USPTO)

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Application Number: 09/724,703

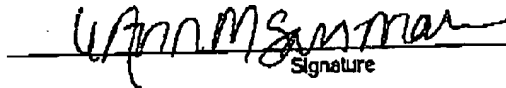
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1. Fee Transmittal
2. Response to Final Office Action Dated 06/16/2005

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P.05/40

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PTO/SB/17 (12-04)

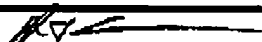
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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2005		Complete if Known Application Number 09/724,703 Filing Date 11/28/2000 First Named Inventor Misra et al. Examiner Name WILLIAM H WOOD Art Unit 2193 Attorney Docket No. MS1 - 197USC1	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT (\$) (\$) 0			

METHOD OF PAYMENT (check all that apply) <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 12-0769 Deposit Account Name: Lea & Hayes, PLLC For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	
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FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES							
Fee Description							Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent							50
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent							200
Multiple dependent claims							360
Total Claims		Extra Claims		Fee (\$)		Fee Paid (\$)	
- 20 or HP = _____ x 50 = _____		HP = Highest number of total claims paid for, if greater than 20		Multiple Dependent Claims		Fee (\$)	
Indep. Claims		Extra Claims		Fee (\$)		Fee Paid (\$)	
- 3 or HP = _____ x 200 = _____		HP = Highest number of independent claims paid for, if greater than 3		Fee (\$)		Fee Paid (\$)	
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets		Extra Sheets		Number of each additional 50 or fraction thereof		Fee (\$)	
- 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____		Fee (\$)		Fee Paid (\$)		Fee Paid (\$)	
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)							Fees Paid (\$)
Other: _____							Fees Paid (\$)

SUBMITTED BY		
Signature 	Registration No. 38318 (Attorney/Agent)	Telephone (509) 324-9256
Name (Print/Type) Allan T. Sponseller	Date 9/16/05	

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Reply under 37 C.F.R. § 1.116
Expedited Procedure
Examining Group 2193

OCT 25 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application Serial No.09/724,703
Filing DateNovember 28, 2000
Inventor..... Pradyumna K. Misra et al.
Group Art Unit2193
Examiner Wood, William H.
Attorney's Docket No.MS1-197USC1
Confirmation No.....9570
Title: System and Method for Software Licensing

RESPONSE TO FINAL OFFICE ACTION DATED JUNE 16, 2005

To: Commissioner for Patents
PO Box 1450
Alexandria, Virginia 22313-1450

From: Allan T. Sponseller (Tel. 509-324-9256 x215; Fax 509-323-8979)
Customer No. 22801

Sir:

In response to the Final Office Action of June 16, 2005, in connection with the above-identified application, the following remarks are submitted. Favorable consideration is respectfully requested.

A detailed listing of the claims is provided below. A status identifier is provided for each claim in a parenthetical expression following each claim number.